

Make up image for each, and the number of each.
in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of Hayden
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 212
County Registrar No. _____
Local Registrar No. 68

2. Full name of child Mariana A. Rivera
3. Sex of Child 67 To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? Yes
7. Date of birth 8-21-29
Month day year

8. Agustin FATHER
Full name J. Rivera

14. Acosta MOTHER
Full maiden name Rafaela Acosta

9. Residence (Usual place of abode) Hayden
If nonresident, give place and state _____

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If nonresident, give place and state _____

10. Color or race Mex
11. Age at last birthday 49 (Years)

16. Color or race Mex
17. Age at last birthday 41 (Years)

12. Birthplace (city or place) Magdalena San
(State or country) Mex.

18. Birthplace (city or place) Baja California
(State or country) Mex.

13. Occupation Laborer
Nature of industry _____

19. Occupation H. W
Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 7
(b) Born alive but now dead 2
(c) Stillborn 1
(Taken as of time of birth of child herein certified and including this child.)
21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 10 P. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature W. R. Winslow
(Physician or midwife)

Address Hayden, Ariz.

Given name added from a supplemental report _____
Month, day, year.

Filed Aug 24 1929 Local Registrar.

Registrar.

Filed _____ 19____ County Registrar.

491-801-911